12095

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Forest Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Forest Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Dorothy Aberts

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Wm. Aberts.

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mch. 15, 1878

8. AGE: Years 61 Months 9 Days 26 If less than one day ___ hrs. ___ min.

8. Birthplace Harford Co., Md. (Town, county, and state)

10. Usual occupation House Keeping

11. Industry or business Home

FATHER 12. Name Wm. H. Pyle

13. Birthplace Md.

MOTHER 14. Maiden name Mary P. Famous

15. Birthplace Md.

18. Informant Mr. Norman Aberts.

Address Bel Air, Md.

17. (Burial, ~~cremation, or removal. Which?~~) Date thereof Dec. 23, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Burial Emory M.P. Cem.

Location Ady Harford Co. Md.

18. Funeral director Hamburger & Goose

Address Benson, Md.

19. Dec 23 1939 N.E. Richardson. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Dec 20 1939, and that I last saw her alive on Dec 20 1939.

Immediate cause of death: Cerebral hemorrhage

Due to

Due to

Other conditions: Diabetes

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Aug 10th + Dec 19 1939.

5 yrs duration

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill Md. Date signed 12/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

1.9
1878
1954

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12096

CORPORATE LIMITS OF

CERTIFICATE OF DEATH

(93a)

Reg. Dist. No. 183

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 days

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Stephney Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: August Acacella

3. (b) Social Security Number: —

4. Sex: male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of ~~husband or~~ wife: Rose Acacella

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec. 20. 1851

8. AGE: Years: 88 ? Months: — Days: 2 If less than one day: hrs. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual occupation: R.R. Watchman.

11. Industry or business: — B. + O. R.R.

FATHER: 12. Name: Unknown.

13. Birthplace: Italy

MOTHER: 14. Maiden name: unknown.

15. Birthplace: Italy

16. Informant: Adam Di Marco.

Address: Havre de Grace, md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Dec 26th 1939 (month) (day) (year)

Cemetery ~~or crematory~~: Abingdon Catholic Cemetery.

Location: Abingdon, Md.

18. Funeral director: Pennington & Son.

Address: Havre de Grace, md.

19. Dec. 25th 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 19th 1939, to Dec 22 1939, and that I last saw him alive on Dec 25th 1939.

Immediate cause of death: Arteriosclerosis

Due to: Advanced age

Due to:

Other conditions: Myocarditis; acute.

Duration: three or four days. C.W.G.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F. N. Steiner M. D. or other

Address: Havre de Grace Md. Date signed: 12-23-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18 Col)

12097

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Churchville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Churchvill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arabella S. Barnes

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: Bennett H. Barnes
Alive
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov. 9 Unknown
8. AGE: Years: Approx. 90 | Months | Days | If less than one day: ____ hrs. ____ min.
9. Birthplace: Lancaster Co., Pa.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: At Home
FATHER
12. Name: James M. Steele
13. Birthplace: Lancaster Co., ~~Pa~~ Pa
MOTHER
14. Maiden name: Martha S. Evans
15. Birthplace: Cecil Co., Md.
16. Informant: Bennett H. Barnes
Address: Aberdeen, Md. R.D. 2
17. Burial (Burial, ~~cremation, or removal~~?) Date thereof Dec. 6. 1939 (month) (day) (year)
Cemetery ~~or crematory~~ Churchville Cem
Location: Harford Co., Md.
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. Dec. 5 1939 (Date rec'd by registrar) Virginia Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1939 2:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15th, 1939, to Dec. 4, 1939, and that I last saw h alive on Dec. 4, 1939

Immediate cause of death	DURATION
General atheromata	10 yrs.
Due to Old age	
Due to	
Other conditions Fall in house Nov. 15, 1939 (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Nov. 15/39
Where did injury occur? Churchville Harford Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fall Injured at work? —

23. SIGNATURE J. F. Magraw M. D. ~~or other~~
Address Perryville Md Date signed 12/4/39

VS A15 (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12098

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County ~~Atlantic~~ Harford

City or town ~~NEAR SPARTA~~ N.C. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emmorton, Bel Air R.F.D.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford

City or town Emmorton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Bel Air R.F.D. (If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Calvin M. Cheek

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emmie Cheek

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1863

8. AGE: Years 76 | Months 0 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Richard Cook

13. Birthplace North Carolina

MOTHER 14. Maiden name Crouse

15. Birthplace North Carolina

16. Informant Dewey Shipley

Address Canton Ohio

17. (Burial, cremation, or removal. Which?) Date thereof 12 12 1939 (month) (day) (year)

Cemetery or crematory Mt. Carmel,

Location Emmorton, Md.

18. Funeral director Howard K. McComas,

Address Abingdon, Md.

19. Dec. 11, 1939 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1939, at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3 1939, to Dec 3 1939, and that I last saw him alive on Dec 6 1939.

Immediate cause of death	DURATION
Angina pectoris	4 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson, M. D. or other

Address Forest Hill Md Date signed 12-11-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94?)

CERTIFICATE OF DEATH

12099

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Harford

City or town near ~~Edgewood~~ Abingdon

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D. Edgewood md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Harford.

City or town Abingdon, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Phoebe Ann Weaver Clemens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Minna Bowman Clemens deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18-1854

8. AGE:

Years	Months	Days	If less than one day
85	2	29	hrs. min.

9. Birthplace St. Jacobs - Waterloo Co. - Ont. (Town, county, and state)

10. Usual occupation Housewife & Mother

11. Industry or business

FATHER

12. Name Levi Stauffer Weaver

13. Birthplace Waterloo County - Ontario

MOTHER

14. Maiden name Rosa Elvira Cornell

15. Birthplace Waterloo County - Ontario

16. Informant Marjorie Clemens Gaines

Address Edgewood - Md. (daughter)

17. (Burial, cremation, or removal. Which?) Date thereof 12 19 39 (month) (day) (year)

Cemetery or crematory Abingdon,

Location Abingdon, Md.

18. Funeral director Howard K. McComas,

Address Abingdon, Md.

19. 12/17/39 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1939, at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-11- 1939, to 12-17 1939, and that I last saw her alive on 12-17 1939.

	DURATION
Immediate cause of death Coronary occlusion 12-17-39 is am	
Due to Coronary disease and hypertension	Years
Due to	
Other conditions Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred O Hodous M.D. M. D. or other

Address Edgewood Md Date signed 12-18-39

RECEIVED
JAN 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (948)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Benson
(If outside city or town limits, write RURAL NEAR end give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Harford Benson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel T. Cohen
3. (b) Social Security Number

4. Sex M
5. Color or race Negro
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Celias Cohen
6 (c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) Jan. 28 1877
8. AGE: Years 62 Months 1 Days 10 If less than one day — hrs. — min.
9. Birthplace Benson Md (Town, county, end state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Hansen Cohen
13. Birthplace Md.
MOTHER 14. Maiden name Martha Jackson
15. Birthplace Md.
16. Informant Geo Cohen
Address Belair Md.
17. (Burial, cremation, or removal Which?) Date thereof Dec 27th 1939 (month) (day) (year)
Cemetery or crematory Tabernacle
Location Benson, Md
18. Funeral director Hornberger & Gross
Address Benson, Md.
19. Dec 26th 1939 N E Richardson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1939, at 3 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.
Immediate cause of death Apparent Coronary Occlusion
Due to
Due to
Other conditions
(Include pregnency within 3 months of death)
Major findings:
Of operations
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE J H Ramsey M.D.
Dep. Med. Examiner
M. D. or other
Address Aberdeen Md. Date signed 12/24/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

12101

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford Co., Md.
~~City or~~ town Rock Run R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
~~City or~~ town Rock Run Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm. D. Craig

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name ~~of husband or wife~~ Katie K. Craig

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 16, 1863

8. AGE:

Years	Months	Days	If less than one day
76	5	21	____ hrs. ____ min.

9. Birthplace Harford Co., Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Crop Farmer

FATHER
12. Name John Craig
13. Birthplace Ireland

MOTHER
14. Maiden name Lucretia Mitchel
15. Birthplace Harford Co., Md.

16. Informant Mrs. Wm. D. Craig
Address Havre de Grace, Md R.D.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Dec. 9 1939 (month) (day) (year)
Cemetery or ~~crematory~~ Rock Run Cem.
Location Harford Co., Md.

18. Funeral director H. S. Bailey
Address Darlington Md.

19 Dec. 8 1939 Bertha B. Knight
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1939, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1936 to Dec 6 1939, and that I last saw ~~him~~ alive on Dec 5 1939.

Immediate cause of death	DURATION
Chronic endocarditis	3 yrs.
Due to	
Due to	
Other conditions Carcinoma of duodenum	18 m.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Gallion M. D. or other
Address Darlington Date signed 12/7/39

RECEIVED
JAN 4 1910
BUREAU V. S.

12102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94E)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Wilna

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 45 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town " Wilna Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sophia Davis

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife John Davis

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1867

8. AGE: Years 72. Months 10 Days 29 If less than one day hrs. min.

9. Birthplace Magnolia, Md. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name E. Robinson

13. Birthplace Md.

MOTHER 14. Maiden name

15. Birthplace Md.

16. Informant John Davis

Address Fallston Md.

17. Burial (Burial, cremation, or removal Which?) Date thereof Dec 16 1939 (month) (day) (year)

Cemetery or crematory Union Chapel

Location Wilna

18. Funeral director Hornbuger - Gross

Address Benson, Md.

19. Dec 16 (Date rec'd by registrar) 19 N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1939, at 4p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-9 1939, to 12-13 1939, and that I last saw her alive on 12-13 1939.

Immediate cause of death Coronary Occlusion

Due to Essential Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

DURATION 11-15-39 Years?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ted O Hodous, M.D. M. D. or other

Address Edgewood Md Date signed 12-15-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

12103

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Magnolia
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Magnolia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Charles Medford Dewby

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	married

6 (b) Name of husband or wife: Jenny B Dewby
6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Sept 28 - 1882

8. AGE: Years	Months	Days	If less than one day
57	2	5	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: Fred Dewby
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Anna M Brooks
MOTHER 15. Birthplace: Maryland
16. Informant: Belle Dewby
Address: Magnolia Md

17. (Burial, cremation, or removal. Which?) Date thereof: 12 (month) 7 (day) 1939 (year)
Cemetery or crematory: Fosters Hill,
Location: Near Magnolia, Md.
18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. Dec. 4 1939 (Date rec'd by registrar) Emily M. Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 - 39 19 , at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1939, to Dec 3 1939, and that I last saw him alive on Dec 3 - 39 19

Immediate cause of death	DURATION
Thrombosis	7 days
Due to Coronary Thrombosis	15 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Chas E Roth M D
M. D. or other
Address: Edgewood Date signed: Dec 4-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12104

Reg. Diat. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Rural Near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Still Born

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Rural Near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Stock Farm place
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine May Dolan

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 24th 1939

8. AGE: Years: Still Born | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Near Aberdeen Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER — 12. Name: Edward C. Dolan

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Ella R. Stevens

15. Birthplace: Maryland

16. Informant: Mr. Edward C. Dolan

Address: Aberdeen Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26th 1939 (month) (day) (year)

Cemetery or crematory: Grove

Location: Aberdeen Md

18. Funeral director: Henry Tarring Sons

Address: Aberdeen Md

19. Dec. 26 1939 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1939 to Dec. 24 1939, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death	
Due to Still Born	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank W. Seibert M. D.
M. D. or other

Address: Havre de Grace, Md. Date signed 12/24/39

RECEIVED
JAN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-C)

CERTIFICATE OF DEATH

12105

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: Infant.

(For newborn infants give residence of mother)

State Maryland County Harford

City or town 3 to 3, Union Ave Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Havre de Grace Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rita Milton Dey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Infant

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9-1939.

8. AGE: Years — Months — Days — If less than one day: hrs. 5 min.

Stillborn

9. Birthplace Havre de Grace, Md

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name John Carter Dey

13. Birthplace Concord, N.C.

MOTHER 14. Maiden name Margaret Fadely

15. Birthplace Havre de Grace, Md.

16. Informant John Dey

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10-1939. (month) (day) (year)

Cemetery or crematory Angel Hill Cemetery

Location Havre de Grace, Md.

18. Funeral director Pennington & Son

Address Havre de Grace, Md.

19. Dec. 10th 1939 James H. Bay M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1939, at 1.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1939, to Dec 9 1939, and that I last saw her alive on Dec 9 1939.

	DURATION
Immediate cause of death	
Congenital Malformation	10 min.
Due to Malformation of the Heart	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other

Address Havre de Grace, Md. Date signed 12/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12106

WITHIN CORPORATE LIMITS of

(121)

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Ontario St.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Ontario St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William Furnace Eddowes

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louisa Eddowes
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1862

8. AGE: Years 77 | Months 0 | Days 5 | If less than one day — hrs. — min.

9. Birthplace Phila. Penna.
(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Grocery Store

FATHER 12. Name Thomas J. Eddowes
13. Birthplace Penby

MOTHER 14. Maiden name Mary Jane Crolius
15. Birthplace N. Y. City

16. Informant Mrs. Louisa Eddowes
Address Havre de Grace, Md.

17. Burial Date thereof Dec 11 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Angel Hill
Location Havre de Grace, Md.

18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. Dec 11th 1939 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8, 1939, at 7:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 1937 to Dec 8 1939, and that I last saw him alive on Dec 8 1939

Immediate cause of death	DURATION
Cardiac Insufficiency	
Due to Chronic Nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE A. Lewis M.D.
M. D. or other
Address Havre de Grace, Md. Date signed 12/9/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47A)

12107

CITRIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford Co.,

City ~~or town~~ Havre de Grace, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~ Washington, St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford.

City ~~or town~~ Havre de Grace. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 304-S-Washington St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John J. Fisher.

3. (b) Social Security Number —

4. Sex: Male, 5. Color or race: White, 6.(a) ~~Single, married, widowed, or divorced~~: Widower.

6 (b) Name of ~~husband or~~ wife Johanna Quirk Fisher

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 1 - 1864.

8. AGE: Years 75 Months 1 Days 18. If less than one day ___ hrs. ___ min.

9. Birthplace Harford Co., Maryland. (~~Town~~, county, and state)

10. Usual occupation Retired, Merchant.

11. Industry or business —

FATHER 12. Name Solomon Fisher.

13. Birthplace France.

MOTHER 14. Maiden name Bridget Pace.

15. Birthplace Ireland

16. Informant John J. Fisher Jr.

Address Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Dec. 21-1939. (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Erin Cemetery.

Location Nr. Havre de Grace, Md.

18. Funeral director Pennington & Son,

Address Havre de Grace, Md.

19. Dec 21st 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1939, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1938, to Dec 19 1939, and that I last saw him alive on Dec 19 1939.

Immediate cause of death Carcinoma Larynx. DURATION

Due to

Due to

Other conditions Cachexia

(Include pregnancy within 3 months of death)

Major findings:

Of operations Removal Larynx

posthum carcinoma

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md. Date signed 12/20/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(182)

12108

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town near Bel Air Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town near Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Shirley Alberta Gibson

3. (b) Social Security Number

4. Sex: female
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife ✓
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Sept 14-1939

8. AGE: Years | Months 3 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Johns Hopkins Hospital Baltr. Md
(Town, county, and state)
10. Usual occupation ✓
11. Industry or business ✓

FATHER
12. Name John C Gibson
13. Birthplace Harford Co. Md

MOTHER
14. Maiden name Catherine Hill
15. Birthplace Harford Co Md

16. Informant John C Gibson
Address Bel Air, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16-1939 (month) (day) (year)
Cemetery or crematory Clarks Chapel
Location near Bel Air Md
16. Funeral director Dean & Foster
Address Bel Air Md

19. Dec 16 1939 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1939 19____, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Suffocation - Accidental

DURATION

1. Baby's bib had slipped around to the back, so that the cord was tight around the front of the neck.
Due to
Due to 2. The baby had been placed, face down, in bed.
Both of the above factors should be taken into consideration. C.W.S.R.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of 12/16/39
Where did injury occur? Bel air (City or town) R.F.D. Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Suffocation Injured at work?

23. SIGNATURE J. H. Lamsey M.D. Dep. Medical Examiner
M.D. or other
Address Aberdeen Md. Date signed 12/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-21)

CERTIFICATE OF DEATH

12109

Reg. Dist. No. 180

1. PLACE OF DEATH: Harford
County
City or town Near Stockton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 76 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Stockton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Isaac Eudora Hardisty

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 18 - 1863

8. AGE:

Years	Months	Days	If less than one day
76	1	13	hrs. min.

9. Birthplace Maryland - Harford
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name John Edward Hardesty
13. Birthplace Maryland
MOTHER 14. Maiden name Cornelia A Montague
15. Birthplace Virginia
16. Informant Mary F Hardesty
Address Joppa Md

17. (Burial, cremation, or removal. Which?) Date thereof 12 4 1939 (month) (day) (year)
Cemetery or crematory Union Chapel, Md.
Location Wilna, Md.
18. Funeral director Howard K. McComas,
Address Abingdon, Md.

19. Dec 3 1939 (Date rec'd by registrar) Emily T. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1939 at 4:10 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1939 to Dec 2 1939 and that I last saw her alive on Dec 1 1939

Immediate cause of death	Failure Circulation	
Due to	Broncho Pneumonia	
Due to	Metal Poisoning	
Other conditions		

DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clark Roth M D
M. D. or other
Address Edgewood Md Date signed Dec 2 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

12110

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford

City or town Forrest Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 76 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Stockton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Frances Hardisty

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1868

8. AGE: Years 78 Months 2 Days 13 If less than one day hrs. min.

9. Birthplace Maryland. Harford Co (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name John E Hardisty

13. Birthplace Maryland

MOTHER 14. Maiden name Emilie Martogue

15. Birthplace Virginia Va

16. Informant Mrs John Hoss

Address Bel Air R.D

17. (Burial, cremation, or removal. Which?) Date thereof 12 15 1939 (month) (day) (year)

Cemetery or crematory Union Chapel,

Location Wilna, Md.

18. Funeral director Howard K. McComas,

Address Abingdon, Md.

19. Dec 14 1939 (Date rec'd by registrar) Emily M. Ripley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13, 1939, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Carcinoma of Breasts with Metastases

Due to Bronchopneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner M. D. or other

Address Aberdeen Date signed 12/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

78

RECEIVED
JAN 8 1940
BUREAU V. S.

5-6 X R
Harry D Ryle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-a

CERTIFICATE OF DEATH

12111

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

HAVE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Harford Co

City or town Bel Air Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: County Home

Stay in hospital or inst. (yrs., or mos., or days) 2 Weeks

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Bel Air Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Willis N. Magruder (Willis)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Married.

6 (b) Name of husband or wife Malinda Campbell

6(c) If alive, give age years

Unknown

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
79			hrs. min.

9. Birthplace Jany 25 - 1860 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Lafayette (Slaves)

FATHER 13. Birthplace Unknown (Geo W Magruder)

MOTHER 14. Maiden name ✓ Unknown

MOTHER 15. Birthplace ✓ Unknown

16. Informant Welfare Board

Address Bel Air Md

17. Conv Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8-39 (month) (day) (year)

Cemetery or crematory County Home

Location near Bel Air Md

18. Funeral director Dean & Tolly

Address Bel Air Md

19. Dec 8 1939 N E Richardson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1939, at 4:45 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Dec 7 1939, and that I last saw him alive on Dec 3 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	48 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill, Md Date signed 12-9-39

RECEIVED
JAN 4 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

12112

Reg. Diat. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural Near Fallston
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 55 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Harford
City or town: Rural Near Fallston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mr. Caspar Martin

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Anna Gudason Martin
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 21 - 1847
8. AGE: Years: 92 Months: 5 Days: 22 If less than one day: hrs. min.
9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Farmer & Merchant
11. Industry or business: Retired
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Germany
16. Informant: Mr. Elwood D. Martin
Address: Fallston Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17th 1939 (month) (day) (year)
Cemetery or crematory: Friendship
Location: Fallston
18. Funeral director: Henry Tanning Sons
Address: Aberdeen Md.
19. Dec 16th 1939 (Date rec'd by registrar) M E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 13 - 1939 at 8:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1936 to Dec 13 1939 and that I last saw him alive on Dec. 11 1939
Immediate cause of death: Chronic Pseudo-Carditis. DURATION
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Thos H Kriete M. D. or other
Address: Aberdeen Md Date signed: Dec 14/39

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JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

12113

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: J. Edmund Michael

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Oct 10 - 1876

8. AGE:

Years	Months	Days	If less than one day
63	2	18	____ hrs. ____ min.

9. Birthplace (Near) Aberdeen, Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER
12. Name: J Edwin Michael
13. Birthplace: Michaelsville Md

MOTHER
14. Maiden name: Susanna R Mitchell
15. Birthplace (Near) Aberdeen, Md

16. Informant: Miss Fannie C Michael
Address: Bel Air, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30 - 1939 (month) (day) (year)

Cemetery or crematory: Spesutia

Location: Near Perryman, Md

18. Funeral director: Dean & Foster

Address: Bel Air Md

19. Dec 29 1939 (Date rec'd by registrar) M C Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 28 1939, at 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26th 1939, to Dec. 28th 1939, and that I last saw him alive on Dec. 28th 1939

Immediate cause of death: Uraemic coma — DURATION: 44 hrs.

Due to: Chronic nephritis } unknown

Due to: Hypertension, arterio-sclerosis & myocarditis } unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: A. F. Vaut Gibbs M. D. or other

Address: Bel Air, Md Date signed: Dec 29 - 39

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JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12491

(82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Street

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years 6 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Street Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Anna Elizabeth Mitchell

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16 1858

8. AGE:

Years	Months	Days	If less than one day
81	5	24	hrs. min.

9. Birthplace Wilmington Del (town, county, and state)

10. Usual occupation None

11. Industry or business —

FATHER

12. Name Passmore Mitchell

13. Birthplace Del.

MOTHER

14. Maiden name Adeline McCoy

15. Birthplace Del.

16. Informant Mrs Joseph Street

Address Street Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12, '39 (month) (day) (year)

Cemetery or crematory Brandywine

Location Wilmington Delaware.

18. Funeral director E. G. Kurtz & Son

Address Jarrettsville Md.

19. Dec. 12 1939 Thos. R Brown (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10th 1939, at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 1939, to Dec 7th 1939, and that I last saw her alive on Dec 7th 1939.

Immediate cause of death Hypertension followed by right hemaplegia.

Due to (old age.)

Due to Primary Cause: Cerebral hemorrhage. Duration: one week. CWBR

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. E. Arthur M. D. or other

Address Cardiff Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

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MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (193)

CERTIFICATE OF DEATH

12114

Reg. Dist. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre De Grace, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 days.
Stay in this community (yrs., or mos., or days): 2 Months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna County: Cambria
City or town: Johnstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 223 South St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Harvey M. Mall. Moll

3. (b) Social Security Number: 556-03-3246

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Edna Mall.
6(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): April 9 - 1894.

8. AGE: Years: 45 Months: 7 Days: 21 If less than one day: — hrs. — min.

9. Birthplace: Washington State (Town, county, and state)
10. Usual occupation: Iron Worker
11. Industry or business: Bethelem Steel
FATHER
12. Name: Ambrose Mall
13. Birthplace: Penna
MOTHER
14. Maiden name: Mary E. Woodward
15. Birthplace: Ohio.
16. Informant: Harford Memorial Hospital
Address: Havre de Grace, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Dec 5th - 39 (month) (day) (year)
Cemetery ~~or crematory~~: Johnstown, Pa.
Location: Johnstown, Pa.
18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.
19. Dec 3rd (Date rec'd by registrar) 19 James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 2 1939, at 10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1939, to Dec 2 1939, and that I last saw him alive on Dec 2 1939.

Immediate cause of death: Severe Electric Burns of Upper 1/2 Due to both Right Forearm and arm both hands
Due to Feet Amputation Right arm
Other conditions: Upper 1/4 Shock
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Thrombosis of Brachial Brachial Severe & extensive burns into elbow joint
Of autopsy:

DURATION: 4 days; 20 hrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Accident Date of: 11/28/39.
Where did injury occur? Frenchtown (City or town) Cecil (County) Md. (State)
Injured at home, farm, industry, public place (where?): Public Highway
Means of injury: 30,000 volts Electricity Injured at work? yes.

23. SIGNATURE: Charles J. Foley M.D. M. D. or other
Address: Havre de Grace Md. Date signed: 12/2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12115

Reg. Dist. No. 184

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

1. PLACE OF DEATH:
County Harford
City or town ~~Ward~~ Darlington Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm. Thomas Moore

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, ~~widowed, or divorced~~
Male	Colored	Married

6 (b) Name of ~~husband or~~ wife Malissa Moore

Alive 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 80			hrs. min.

9. Birthplace Harford Co, Md (Town, county, and state)
10. Usual occupation Laborer on farm
11. Industry or business Gen farming
FATHER 12. Name Joseph Moore
13. Birthplace Harford Co, Md.
MOTHER 14. Maiden name Eliza Moore
15. Birthplace Harford Co, Md
16. Informant Mrs Wm. T. Moore
Address Darlington, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Dec 13, 1939 (month) (day) (year)
Cemetery or crematory Green Spring Cem
Location Harford Co, Md.
18. Funeral director H. S. Bailey
Address Darlington, Md.
19. Dec. 11, 1939 (Date rec'd by registrar) W. Ch Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1939 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1938 to Dec 10 1939, and that I last saw him alive on Nov 25 1939

Immediate cause of death	DURATION
Chronic Myocarditis	
Chronic Nephritis	
Due to Natural	
Due to	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. P. Snodgrass M. D. or other
Address Darlington Date signed 12/10/39

RECEIVED
JAN 8 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

12116

Reg. Dist. No. 183

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Harford.

City ~~or town~~ Havre de Grace, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Francis Villa.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre-de-Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. St. Francis Villa - Commune Ste.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sister Mary Judith - Rau

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 15, 1859.

8. AGE: Years 80 | Months 3 | Days 18 | If less than one day — hrs. — min.

9. Birthplace Switzerland. (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business —

FATHER 12. Name John Rau.

13. Birthplace Switzerland.

MOTHER 14. Maiden name Verdina Rau,

15. Birthplace Switzerland,

16. Informant St. Frederic Villa,

Address Havre de Grace, Md.

17. Burial Date thereof Dec. 6. 1939.

(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

~~Cemetery or crematory~~ Holy Redeemer Cemetery.

Location Nr. Baltimore, Md.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19. Dec 5th 1939 James R. Bay M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4, 1939, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1936, to Dec 4 1939, and that I last saw h— alive on Dec 4 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to Chronic Myocarditis	
Due to Chronic Diffuse Nephritis	
Other conditions Cachexia.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md. Date signed 12/5/39.

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JAN 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12492

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Forest Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Forest Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Cecil Goven Richardson

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 12 - 1937

8. AGE: Years 2 Months 1 Days 20 If less than one day hrs. min.

9. Birthplace Forest Hill Harford Co Md

(Town, county, and state)

10. Usual occupation None

11. Industry or business —

FATHER

12. Name Cecil C Richardson

13. Birthplace Ash Co. N.C.

MOTHER

14. Maiden name Mary Gladys Phillips

15. Birthplace Forest Hill Md.

16. Informant Cecil C Richardson

Address Forest Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 4 39 (month) (day) (year)

Cemetery or crematory Old Brick Baptist

Location Janettsville

18. Funeral director L S Kurtz Hon

Address Janettsville Md.

19. Dec 4 (Date rec'd by registrar) 1939 Thos. R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1939, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1st 1939, to Dec 2 1939, and that I last saw him alive on Dec 1 1939.

Immediate cause of death Convulsions due to Bacillary Dysentery, primary — DURATION 12 hrs

Due to cause of death. CWGR

A mildly contributory cause: Child accidentally

Due to plunged its arm into a plate of soup, receiving a scalded elbow and upper arm.

Other conditions Complicated by 2nd degree burn of Arm: scalded — 24 hrs

(Include pregnancy within 3 months of death)

Major findings elbow and upper arm, a slight injury

Of operations insufficient in itself to cause death; but mildly contributory to the primary

Of autopsy cause — Bacillary dysentery.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury scalded elbow and upper arm. Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill, Md Date signed 12-2-39

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MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

12117

CERTIFICATE OF DEATH

Reg. Diat. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Pleasantville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Pleasantville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Jessie Colgan Riley

3. (b) Social Security Number: —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married ~~Widow~~

6 (b) Name of husband or wife: J. Archer Riley
6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): April 25 1874

8. AGE:

Years	Months	Days	If less than one day
65	7	19	hrs. min.

9. Birthplace: Bagley Hospital Co Md
(Town, county, and atate)

10. Usual occupation: House wife

11. Industry or business: —

FATHER
12. Name: Edward J Colgan
13. Birthplace: Balto Md

MOTHER
14. Maiden name: Irene Bagley
15. Birthplace: Bagley Md

16. Informant: J Archer Riley
Address: Forest Hall Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16-39 (month) (day) (year)
Cemetery or crematory: St Johns
Location: Long Green Md

18. Funeral director: E. G. Klutz & Son
Address: Jarrettsville Md

19. Dec 15 1939 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1939, at 11:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1939 to Dec 14 1939, and that I last saw h er alive on Dec 14 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Arteriosclerosis	2 yrs
Due to: Acute Nephritis	2 months
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wilbur M Hammett M. D. or other
Address: Baldwin Date signed 12/10/39

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JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

186-a

12118

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Fallston
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Near Benson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Edward Robertson

3. (b) Social Security Number none

4. Sex M.
5. Color or race W.
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Susie M. Robertson
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 1 - 1878
8. AGE: Years 61 Months 8 Days 6 If less than one day hrs. min.
9. Birthplace Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Jacob Robertson
13. Birthplace Md.
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Susie M. Robertson
Address Fallston Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 7 - 1939 (month) (day) (year)
Cemetery or crematory Fork M. E. Cemetery
Location Fork Md.
18. Funeral director Clarence E. Arthur
Address Fork Md.
19. Dec. 5 1939 (Date rec'd by registrar) Virginia Chambers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1939, at 5P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Cerebral Vascular ~~[illegible]~~ Spasm
Due to Cerebral Concussion
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of 12/4/39
Where did injury occur? Bel Air Rd. (City or town) - Harford (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fell down steps injured at work? no

23. SIGNATURE J. H. Ramsey M.D. Dep. Med. Examiner M. D. or other
Address Aberdeen Date signed 12/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

RECEIVED
DEC 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12119

Reg. Dist. No. 18-1

1. PLACE OF DEATH:
County: Harford
City or town: Rural Near Perryman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural Near Perryman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Cranberry Mill
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jacob Henry Smith Jr.

3. (b) Social Security Number: 214-05-4238

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
B (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 9th 1919

8. AGE: Years: 20 Months: 8 Days: 8 If less than one day: hrs. min.

9. Birthplace: Perryman Md (Town, county, and state)
10. Usual occupation: Day Laborer
11. Industry or business:
FATHER 12. Name: Jacob Henry Smith Sr.
13. Birthplace: Perryman Md
MOTHER 14. Maiden name: Minnie Rice
15. Birthplace: Perryman Md
16. Informant: Mrs. Jacob Henry Smith Sr.
Address: Perryman Md R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 20-1939 (month) (day) (year)
Cemetery or crematory: Union M. E. Cemetery
Location: Swan Creek near Aberdeen
18. Funeral director: Henry Tarring & Sons
Address: Aberdeen Md
19. Dec. 19 1939 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 17th 1939 at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-1-1939 to 12-17-1939, and that I last saw him alive on 12-16-39 1939

Immediate cause of death	DURATION
Pulmonary T.B.	11-1-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Claude L. Cowan M. D. (M. D. or other)
Address: Havre de Grace Date signed: 12-18-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 4 1940
BUREAU V. S.

W W Lewis
Compensation Superior
N.Y.
1712
Park Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12120

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Rural Near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) About 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural Near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Frederick Herman Snyder

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mrs. Minnie Marbaw
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 16th 1873

8. AGE: Years 66 Months 5 Days 21 If less than one day hrs. min.

9. Birthplace Kingsville Md. Balto. Co.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name Benjaman Snyder
13. Birthplace Unknown

MOTHER
14. Maiden name Elizabeth Wasing
15. Birthplace Unknown

16. Informant Mrs. Minnie Snyder
Address Aberdeen Md. R.F.D

17. Burial Date thereof Dec. 9. 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Baker's
Location Aberdeen

18. Funeral director Henry Tarring & Sons
Address Aberdeen Md

19. Dec. 9 1939. L. C. Michael
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th 1939 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/29 1938 to 12/7 1939, and that I last saw him alive on 12/7 1939.

Immediate cause of death	DURATION
Hypertensive Cardiovascular Disease	5-10 yrs.
Hepatic Cirrhosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE J. H. Lowney M.D.
M. D. or other
Address Aberdeen, Md. Date signed 12/8/39

RECEIVED
JAN 4 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12121

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 58-

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Lida B. Steen

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: J Leslie Steen

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Oct 8-1881

8. AGE:

Years	Months	Days	If less than one day
58.	1	25	hrs. min.

9. Birthplace: Bel Air Harford Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: B Frank Boarman
13. Birthplace: Charles Co - Md

MOTHER
14. Maiden name: Frances Holland.
15. Birthplace: Bel Air, Md

18. Informant: J Leslie Steen

Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 5 - 1939 (month) (day) (year)

Cemetery or crematory: Rock Spring

Location: Near - Forest Hill: Harford Co. Md

18. Funeral director: Dean & Foster

Address: Bel Air, Md

19. Dec 5 1939 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1939, at 9.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to Dec 1939, and that I last saw h alive on Dec 3 1939.

Immediate cause of death	DURATION
Myocardial Failure	2 Weeks
Pulmonary Edema	36 hours
Due to	
Due to	
Other conditions: Cerebral arteriosclerosis	6 years
& complete loss of all mental powers	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: P B Hopkins M. D. or other

Address: Bel Air Md Date signed 12/3/39

RECEIVED
JAN 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 12122

(937)

1. PLACE OF DEATH

County Harford Registration Dist. No. 184

Village ~~or City~~ Dublin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Watters

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Male	Colored	Married

5e. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Margarett Watters

6. DATE OF BIRTH (month, day, and year) June 10, 1869

7. AGE	Yeers	Months	Deys	If LESS then 1 day, hrs. or min.
	70	6	1	

OCCUPATION

8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. On roads

10. Oete deceased lest worked at this occupetion (month and yeer) Nov. 1937

11. Total time (yeers) spent in this occupetion Life

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

FATHER

13. NAME Eduard Watters

14. BIRTHPLACE (city or town) Harford Co. (Stete or country) Md.

MOTHER

15. MAIDEN NAME Mary Watters

16. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

17. INFORMANT Mrs. Walter Watters (Address) Forest Md. R.D.

18. BURIAL, CREMATION, OR REMOVAL Piece Clarks Chapel Cem. Dete Dec 14, 1939

19. UNDERTAKER H. L. Bailey (Address) Darlington Md.

20. FILED Dec 11, 1939 M. F. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to Dec 10, 1939

I lest sew h~~i~~m alive on Dec 1, 1939; deeth is seid to heve occurred on the date stated above, at 1 A. m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:

	Dete of onset
Ch. Myocardial Disease	2 yrs ago?

Other Contributory Causes of importance:

Name of operation Dete of

What test confirmed diagnosis? Was there an eutopsy? No

23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Wes disease or injury in any way releted to occupetion of deceesed? No

If so, specify

(Signed) Welland P. Hudson M. D.

(Address) Forest Hill Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (73-c)

12123

Reg. Dist. No. 187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-15

1. PLACE OF DEATH:
County Harford
City or town Lapidum
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Lapidum Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm. H. Wright

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frances Wright
6(c) If alive, give age: alive 54 years
7. Birth date of deceased (mo., day, yr.): Feb 19, 1880
8. AGE: Years 59 Months 9 Days 26 If less than one day ____ hrs. ____ min.
9. Birthplace: Harford Co., Md (Town, county, and state)
10. Usual occupation: Fisherman
11. Industry or business: Own boat
FATHER 12. Name: John F. Wright
13. Birthplace: Harford Co., Md
MOTHER 14. Maiden name: Mary Ordo
15. Birthplace: Harford Co., Md
16. Informant: Mrs. Frances Wright
Address: Havre de Grace Md R.D.
17. Burial (Burial, cremation, or removal?) Date thereof Dec 18, 1939 (month) (day) (year)
Cemetery or crematory: Rock Run Cem.
Location: Harford Co., Md
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. Dec 17 1939 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 15 1939, at 8:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Dec 15 1939, and that I last saw him alive on Dec 15 1939.

	DURATION
Immediate cause of death: Coronary thrombosis with embolism	1 day
Due to: Chronic myocarditis	10 yrs
Due to: Arteriosclerosis	10 yrs
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frank Wolbert M.D.
M. D. or other
Address: Havre de Grace Md. Date signed 12/16/39

RECEIVED
JAN 4 1918
BUREAU V. S.